Implementation of the Childbirth Planning and Complication Prevention Program in Padang City

Nabila Alfina[1], Joserizal Serudji[2], Fika Tri Anggraini[2]

[1,2]Universitas Andalas, Padang, Sumatera Barat

Email coresspondensi : nabilaalfina84@gmail.com

Track Record Article

Accepted: 7 August 2023
Revised: 11 September 2023
Published: 23 September 2023

How to cite:
Alfina, N., Serudji, J., & Anggraini, Tri, F. (2023). Implementation of the Childbirth Planning and Complication Prevention Program in Padang City. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*, *5*(3), 953–968.

Abstract

The Planning and Complication Prevention program encourages pregnant women to have their pregnancies, deliveries, postpartum examinations and babies born by skilled health workers, including screening for complete tetanus immunization status in every pregnant woman. If the implementer has a positive attitude and support for implementing the P4K program, the P4K program may run according to the initial plan. The purpose of this study was related to the Implementation of the Childbirth Preparation and Complication Prevention (P4K) Program in Padang City. This research is a qualitative study with a phenomenological design. This research was conducted in the working area of Lubuk Kilangan Health Center, Lubuk Buaya Health Center and Pegambiran Health Center in January - May 2023. The informants in this study were 23 informants, namely five key informants, six main informants, and 12 additional informants. Data collection methods use in-depth interview methods, observation and document review—data validity by triangulating sources, methods and data. The research results obtained on the input component in each component have run well according to the requirements. Only the monitoring and evaluation component is not yet available in the process component. Moreover, the output component has been carried out well despite shortcomings because not all activities run optimally. Research suggestions are expected to increase family participation in implementing P4K, such as counselling and socialization, and increase discipline in following the recommendations of health workers assisted by Community Health Center cadres.

Keywords: Component, Monitoring, Planning, Program

INTRODUCTION

Currently, maternal mortality is one of the top priorities for health development in Indonesia (Nur Hidayati, 2018). The implementation of childbirth planning and complication prevention programs must be implemented properly to reduce the risk of maternal death (Nita & Fitri, 2021). In reducing maternal mortality, many aspects must be looked at, especially the role of the family in helping mothers prepare for childbirth because maternal mortality is a complex problem with direct and indirect causes (Maya et al., 2023).

The WHO (World Health Organisation) report revealed that in 2015, it was estimated that MMR in the world, as many as 303,0000 women perished during pregnancy and childbirth. The risk of maternal mortality increases with complications during pregnancy, childbirth, and the first 42 days after delivery (WHO, 2019). The direct cause of maternal mortality is dominated by bleeding 28%, elastosis 13%, sepsis 10%, abortion 11%, parts stuck 9%, unwanted pregnancy 7%, and others 22% (Kementerian Kesehatan Republik Indonesia, 2018)

The Childbirth Planning and Complications Prevention Program encourages pregnant women to have their pregnancies, deliveries, postpartum examinations and babies born by skilled health workers, including screening for complete tetanus immunization status in every pregnant woman. Pregnant women will also be educated to initiate early breastfeeding (IMD), followed by exclusive breastfeeding for six months (Indriani, 2019).

According to the researchers' assumptions, many factors affect the success of implementing the program—structures in services that are not conducive to policy implementation lead to ineffectiveness and hinder policy implementation. Resources are also important in implementing the program, namely the midwives themselves and the Community Health Center as a place of service delivery. If the implementer has a positive attitude and support towards implementing the program, the program can run according to the initial plan.

In 2021, 85.5% of registered health centres have implemented Childbirth Planning and Complications Prevention Program orientation. A total of 16 provinces have 100% achievement, namely Riau, Central Kalimantan, East Kalimantan, Riau Islands, West Papua, Jambi, West Sulawesi, North Kalimantan, South Kalimantan, Bali, Banten, DI Yogyakarta, Central Java, Bangka Belitung Islands, Lampung, and Bengkulu (Kemenkes RI, 2022).

The research results by Safitri & Pujiyanto, (2021) concluded that implementing Childbirth Planning and Complications Prevention Program in Purwakarta has no optimality or obstacles. Health Offices and Community Health Center have different understandings regarding the understanding of the implementation. Human resources and the economic situation still need to be improved, and politics and social conditions are not supportive, so the implementation is still not running optimally.

Based on data obtained from the Padang City Health Profile in 2020, the implementation of Childbirth Planning and Complications Prevention Program in Padang City amounted to 13% of community health centres that carried out Childbirth Planning and Complications Prevention Program orientation. The 2020 Childbirth Planning and Complications Prevention Program implementation data report at the Lubuk Kilangan Community Health Center found that pregnant women with maternity stickers in health services were 94%, and maternity women in health services who received postpartum services were 93%. The 2021 Childbirth Planning and Complications Prevention Program implementation data report at the Pegambiran Community Health Centre found that pregnant women received Childbirth Planning and Complications Prevention Program stickers as much as 98% of, pregnant women, maternity women and postpartum mothers with Childbirth

Nabila Alfina et al, / Scientific Periodical of Public Health and Coastal 5(3), 2023, page 953-968

Planning and Complications Prevention Program stickers experienced complications handled by 9.2%, mothers with stickers using postpartum birth control 40.8%, and maternity mothers in health services who received postpartum services by 7.1% (Dinkes Kota Padang, 2021). Based on the background explanation and the phenomenon above, the authors are interested in researching implementing the Childbirth Preparation and Complication Prevention (P4K) Program in Padang City.

METHODS

This research is a qualitative study with a phenomenological design. The phenomenological approach is an approach that reveals the hidden meaning of a reality that exists in society and can describe events as they are. This research was conducted in the working area of Lubuk Kilangan Health Center, Lubuk Buaya Health Center and Pegambiran Health Center in January - May 2023.

The informants in this study were 23 informants, namely five key informants from the Padang City Health Office, six main informants consisting of midwives from each community health centre, and 12 additional informants in the form of cadres, villages, and pregnant women. The data collection method uses three techniques: in-depth interview methods, observation and document review. Data validity by triangulation of sources, methods and data.

RESULTS

Input Components in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

1. **Policies in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City**

Table 2. Policies in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*P4K has a Permenkes that regulates the implementation of P4K,*
IF2	*P4K is one of the programs, so it is in accordance with the Permenkes, regulations on pregnant women, ANC, childbirth, postpartum.*
IF 3	*Knows that there is a permenkes that regulates it, but does not remember the permenkes that regulates the implementation of the P4K program.*
IF 4	*There is no Permenkes regulating the implementation of P4K and there are Permenkes on pregnancy, childbirth and postpartum.*
IF 5	*There is a Permenkes regulating the implementation of P4K, but I forget which Permenkes regulates it.*
IF 6	*The call for the implementation of P4K was obtained from the MCH program chat group with the Health Office and never received direct guidance regarding the implementation of P4K.*
IF 7	*The Permenkes for the implementation of P4K are Permenkes 259 of 2008 and Permenkes 21 of 2021.*

IF 8	*SE 295 of 2008 regarding the implementation of P4K with stickers and again in the latest Permenkes no. 21 of 2021 where P4K is included in one of the maternal health services.*
IF 9	*Knows the existence of the Permenkes P4K and only remembers the year of the Circular Letter related to the implementation of this P4K, namely 2008,*
IF 10	*The Permenkes for P4K activities is 259 of 2008 and the latest Permenkes no.21 of 2021.*
IF 11	*Know the P4K Permenkes, namely Permenkes 259 of 2008 and Permenkes No.21 of 2021.*
IF 12	*Did not receive exposure or socialization about P4K from health workers.*
IF 13	*Never received socialization about the P4K implementation policy*
IF 14	*Never received socialization about P4K*

Table 3. Policy Triangulation in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	• Informants were aware of the Minister of Health's SE and Permenkes that regulate the implementation of P4K but not all of them could remember the Permenkes for the implementation of P4K. Orientation and socialization about P4K is still uneven.
Document Review	There is no SE or Permenkes governing the implementation of P4K in every PHC institution.
Observation	Policy socialization is still lacking.
Conclusion	Informants knew and understood the policy regarding implementation but forgot what number the Permenkes was and could not show physical evidence of the Permenkes and the uneven socialization of P4K carried out from the Community Health Center to cross-sectors such as lurah and the community.

From the results of the interviews above, the researcher concluded that the informants knew and understood about the implementation of the P4K program, but not all of them could remember what circulars and Permenkes regulated the implementation of P4K.

2. Human Resources in Implementing the Delivery Planning and Complication Prevention (P4K) Program in Padang City

Table 4. Human Resources in Implementing the Delivery Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*Human resources are sufficient, especially midwives. The human resources involved in the implementation of P4K are the Health Office, Head of Community Health Center, Midwife Coordinator and cross-sectors. There is no special training for P4K.*
IF2	*The existing human resources are sufficient and those involved in the implementation of P4K are village midwives, sub-district and cadres. To improve HR competencies, one of them is by conducting training, but there is no special training for P4K at this time.*
IF 3	*The existing human resources at the Community Health Center are sufficient. Community Health Center forms a team and collaborates with other health workers.*
IF 4	*Human resources are sufficient and health workers participate in trainings to improve the competence of health workers.*
IF 5	*Health workers at the Community Health Center for midwives are sufficient for all activities at the Community Health Center including for P4K and MCH activities at the Community Health Center.*
IF 6	*Human resources in the implementation of P4K are midwives and cadres*
IF 7	*Parties involved in the implementation of P4K are midwives at the Community Health Center, village midwives, cross-sectors such as village heads, cadres*
IF 8	*In the implementation of P4K midwives who have a role are midwives, other health workers, cadres and cross-sectors.*

Table 5. Triangulation of Human Resources in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	Human resources are sufficient for the implementation of P4K and training has been conducted The P4K implementing parties are the Health Office, Head of Community Health Center , Village Midwife and cross-sector.

Document Review	The number of human resources for health workers is attached in the annual report of the Community Health Center .
Observation	Each Pustu is managed by 1-2 midwives and nurses.
Conclusion	The availability of midwives at the Community Health Center is sufficient. The existing human resources at the Community Health Center already have a minimum education of D3 Midwifery in accordance with the characteristics of the informants. Many parties are involved in the implementation of P4K such as the Health Office, Head of Community Health Center, midwives, other health workers and also cross-sectors such as lurah.

Based on the results of triangulation, it can be concluded that the availability of health workers at each Community Health Center agency is sufficient and adequate. That the midwife medical personnel owned by each Community Health Center at least already have a D3 Midwifery education level.

3. Funds in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Tabel 6. Funds in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*Funding for each activity comes from BOK which will be allocated to each Community Health Center and used to help operate Community Health Center activities, one of which is for the implementation of the P4K program.*
IF2	*The source of funding for activities is the budget from the center, namely BOK, from the health office from the Padang City APBD and from the Community Health Center budget itself.*
IF 3	*Funding for activities comes from BOK (Health Operational Assistance).*
IF 4	*There are 2 sources of funding at the Community Health Center, namely from BLUD funds and DAK funds which in their physical form are BOK (Health Operational Assistance) funds.*
IF 5	*There are no special funds for the implementation of P4K. Funding for activities at Community Health Center including P4K comes from BOK and BLUD.*
IF 6	*There is no special funding for the P4K program and funding for all Community Health Center program activities comes from BOK.*
IF 7	*There is no special funding for P4K activities. The existing funding is all in one, such as for pregnant women in it, there are babies under five, usually the funds come from BOK.*
IF 9	*There is no special funding for P4K implementation, all funding comes from BOK.*
IF 10	*There is no special funding for P4K. Funding for all programs comes from BOK*
IF 11	*Funding for P4K implementation comes from BOK for home visits and other activities.*
IF 12	*Funding for health activities in the village comes from the Health Office and Community Health Center .*

Table 7. Triangulation of Funds in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	There are no special funds for the implementation of P4K. The source of funding for the implementation of the P4K program comes from BLUD and BOK at each Community Health Center. The funds are used to cover all P4K activities and pregnant women.
Document Review	P4K funding is included in funding efforts to reduce MMR and IMR.
Conclusion	The source of funding for P4K activities comes from BLUD and BOK. There is no specific funding for the implementation of P4K. The existing funds are sufficient and well realized.

It can be concluded that there is no specific funding source for the implementation of the P4K program, the funds used are sourced from BLUD and BOK funds. BOK funds for the implementation of P4K are included in funding efforts to reduce MMR and IMR which are used for socialization activities and include all other P4K activities.

4. Infrastructure Facilities in Implementing the Delivery Planning and Complication Prevention (P4K) Program in Padang City

Table 8. Facilities and Infrastructure in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*Infrastructure facilities are sufficient. The implementation of P4K that is needed is the MCH book, P4K stickers, which the Community Health Center gets from the Health Office.*
IF2	*The current infrastructure is sufficient.*
IF 3	*The infrastructure for pregnancy examination is sufficient and the Community Health Center also has a midwife kit. The infrastructure at the pustu in the Community Health Center area is already equipped.*
IF 4	*The infrastructure of the Community Health Center is sufficient and for the implementation of P4K are MCH books, P4K stickers and other tools that support the implementation of P4K are ANC examination tools such as the 10 T examination of pregnant women.*
IF 5	*Infrastructure facilities are sufficient, such as MCH books, P4K stickers and pregnancy examination tools*
IF 6	*The infrastructure for the implementation of P4K is the MCH book and P4K stickers as well as complete ANC examination tools. Many pregnant women use private vehicles.*
IF 7	*A village ambulance from the kelurahan is provided.*
IF 8	*Facilities for the implementation of P4K are the MCH book, childbirth mandate and also P4K stickers in the MCH book and no special facilities are used. Facilities such as the village ambulance are available from private donations.*
IF 9	*The MCH book and P4K stickers are one of the facilities in the implementation of P4K and other supporting infrastructure is the 10 T ANC examination tool.*
IF 10	*Our village has a village ambulance.*
IF 11	*The infrastructure at the lustu is sufficient. P4K stickers are already in the KIA book.*
IF 12	*Previously there was no village ambulance, but by 2023 we will have a village ambulance.*
IF 13	*There is no village ambulance in the kelurahan*
IF 14	*The village ambulance is available in the kelurahan and the ambulance is a private donation and the community can use it.*
IF 15	*Facilities and infrastructure for cadres are sufficient*
IF 16	*Facilities and infrastructure are sufficient for cadres. Cadres receive a handbook for collecting data on pregnant women, baby scales and digital scales. The village ambulance is not available in the village.*

Tabel 9. Triangulation of Infrastructure in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	The facilities for implementing P4K are the MCH book, the mandate for childbirth and also the P4K sticker in the MCH book and there are no special facilities used. The MCH book from the Health Office is in accordance with the needs of the target pregnant women at each Community Health Center.
Observation	• Midwifery equipment is complete and adequate at each Community Health Center and at each pustu. • Not all villages have village ambulances.
Conclusion	The facilities and infrastructure owned by each Community Health Center are quite complete and adequate. The Health Office facilitates and distributes the KIA book, which also contains stickers for pregnant women, to each health center in accordance with the target number of pregnant women.

The current infrastructure at the Community Health Center and Pustu is sufficient. The infrastructure needed in the implementation of P4K, such as the availability of MCH books provided by the Health Office and then distributed to the Community Health Center according to the target number of pregnant women, P4K stickers attached to each pregnant woman's house and tools that support other pregnancy examinations.

Process Components in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

1. **Program Planning in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City**

Table 12. Program Planning in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*Planning for the implementation of activities, one of which is by first making a RPK, then HR and MMD.*
IF 2	*Community Health Center taip annually prepare program planning by conducting SMD and continued with MMD, then a problem will appear, from that problem a plan is made, it includes the P4K program.*
IF 3	*For a plan, usually from us, the new Community Health Center will then propose a program to the Health Office, and also if we make a plan, we explain the BOK funds that will be used and based on a meeting with the program and later we will adjust it to the existing problems.*
IF 4	*Planning at the Community Health Center level contains RUK and RPK*
IF 5	*Planning by making an RPK (Activity Implementation Plan) at the beginning of the year aims to plan and discuss in deliberation for future work plans for each program in the Community Health Center, one of which is the P4K program.*
IF 8	*Community Health Center activities and health workers will discuss and form an activity plan. One of them is by making a RPK*
IF 9	*Activity planning is carried out with the head of the Community Health Center midwife coordinator and village / kelurahan midwives to discuss what activities will be carried out, one of which is P4K.*
IF 10	*Activity planning is carried out every month and is carried out with the head of the Community Health Center , the coordinating midwife and also health workers.*
IF 11	*For this activity when we have a meeting, P4K is carried out per trimester.*

Tabel 13. Triangulation of Program Planning in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	Program work planning has been carried out by each Community Health Center and the Health Office by forming the RUK RPK. Preparation is planned at the beginning of each year.
Document Review	The planning document/file (POA) only belongs to Lubuk Buaya Community Health Center for 2023 and no planning file documents (POA) were found at other Community Health Center.
Conclusion	There is already work planning at the beginning of each year from both the Community Health Center and the health office. Archives/files of program work planning (POA) were only found at 1 Community Health Center.

Based on the results of in-depth interviews and document review, work planning has been made at the beginning of each year both from the Community Health Center and the Health Office. Archives/files of program work planning (POA) were only found in 1 Community Health Center .

2. **Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City**

Table 14. Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*The P4K program is one of the government's efforts to help reduce AKI and AKB. The form of P4K implementation is to conduct orientation, socialization about P4K, in addition to other P4K activities, namely data collection of pregnant women, sticking P4K stickers in the homes of*

	pregnant women, preparing prospective birth attendants and delivery places, providing prospective blood donors, preparing funds for delivery and others.
IF2	*The process of implementing P4K is carried out continuously and is one of the efforts to prevent complications in pregnant women.*
IF 3	*P4K implementation activities include sticking stickers in the homes of pregnant women, monitoring pregnant women carried out by midwives, cadres and the community and the implementation of P4K is carried out in accordance with existing SOPs.*
IF 4	*P4K is a holistic program that aims to prevent maternal mortality, one of which is by sticking P4K stickers, in the sticker there are important points such as the preparation of blood donors, transportation, delivery places. for the orientation process about the P4K program, DKK is responsible for providing orientation to the Community Health Center. The Community Health Center then convey the socialization to health workers and the community.*
IF 5	*For orientation and socialization, there are meetings with cross-sectors, midwives and cadres. We also hold regular meetings at the lurah office.*
IF 6	*The implementation of P4K program activities includes filling out stickers and sticking them in the homes of pregnant women and also collecting data on pregnant women which is done door to door. Delivery mandate filling is done by midwives where the delivery mandate is on the front page of the KIA book. P4K activities for blood donation and tabulin are not running well. Tabulin has now been replaced with JKN or BPJS.*
IF 7	*Midwives are in charge of filling in P4K stickers in the MCH book, ensuring pregnant women and attaching P4K stickers to the homes of pregnant women, village midwives monitor pregnant women through PWS through the MCH book, filling in the mandate of childbirth. Technically, the implementation of P4K has been carried out such as midwives filling in P4K stickers then P4K stickers are affixed and the regional midwives and PJ posyandu in each region will monitor whether the stickers have been affixed to each pregnant woman's house.*
IF 8	*P4K activities that have only been carried out at this time are data collection of pregnant women, home visits, mapping of pregnant women, deciding on a place to deliver, delivery plans. For tabulin, blood donation and cooperation between the community that is still not running optimally. For tabulin, pregnant women prefer to use JKN because for dasolin and tabulin, there is no one to coordinate. For blood donation, the obstacle is that pregnant women think that if it is not urgent, blood donation is not needed.*
IF 9	*The implementation of the P4K program is carried out by conducting monthly meetings and also conducting home visits to pregnant women to collect data and ensure whether the P4K sticker is affixed to the pregnant woman's house or not. Another implementation in the implementation of P4K is planning prospective blood donors for pregnant women. At this time, tabulin and dasolin have been replaced by the use of JKN.*
IF 10	*The form of P4K activities is data collection of pregnant women, filling in P4K stickers, ensuring the installation of P4K stickers, planning prospective blood donors for pregnant women, planning the vehicle used, filling in the mandate of childbirth, planning where to give birth, who is a birth attendant and birth companion, family planning that will be used after childbirth. The implementation of P4K can be done in pregnant women's classes,*
IF 11	*The process of implementing P4K activities is to collect data on pregnant women, monitor whether the MCH book has been filled in by Community Health Center staff and attach P4K stickers. Tabulin and dasolin are never active because many pregnant women already use health insurance such as BPJS.*
IF 12	*For other health counseling and about P4K, perhaps I have never received health counseling while here.*
IF 15	*Cadres collect data on pregnant women by going door to door and also every month midwives also go directly to the field to collect data and visit pregnant women.*
IF 16	*Data collection of pregnant women is done once a month and is done door to door. There is no tabulin and dasolin. Many pregnant women currently use BPJS or JKN.*
IF 17	*The data collection process for pregnant women can be done door to door and during posyandu. P4K stickers can be placed by cadres when collecting data on pregnant women. Tabulin and dasolin are no longer active.*

Table 15: Triangulation of Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	Operational implementation of P4K consists of orientation, socialization, contacting pregnant women and collecting data on pregnant women, filling in P4K stickers, sticking P4K

Nabila Alfina et al, / Scientific Periodical of Public Health and Coastal 5(3), 2023, page 953-968

	stickers, managing blood donors, transportation facilities/village ambulances, managing dasolin tabulin, filling in the mandate of delivery.
Document Review	Reports are on the cadres and midwives who hold the MCH program.
Observation	There are still stickers for pregnant women that are not affixed in front of the pregnant woman's house and are still stored in the KIA book.
Conclusion	The implementation of P4K has been carried out, it's just that the implementation is not optimal, such as there are still many empty P4K stickers that are not filled in by health workers and there are still P4K stickers that are not affixed to the homes of pregnant women.

Based on the results of triangulation on the implementation of program, it can be seen that there are still pregnant women who keep program stickers in the KIA book and are not affixed in front of the house. Socialization that has not been maximized where there are still community leaders who do not know about program and also the commitment of health workers to fill the mandate of childbirth has not been fulfilled.

3. Recording and Reporting in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Table 16: Recording of Reporting in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*Recording and reporting is done every month from the Community Health Center to the Health Office. Some reports already use applications such as e-cohort but this application is not yet for all programs, one of which is P4K.*
IF2	*Community Health Center report to the Health Office maximum on the 4th and the Health Office will report to the central office maximum on the 10th. Reports are in softcopy and hardcopy.*
IF 3	*Recording and reporting is still done manually every month.*
IF 4	*Program coordinators are responsible for collecting monthly reports.*
IF 5	*Online reporting is only used for NCD and immunization reporting and the rest is still done manually including reporting on P4K.*
IF 6	*No recording and reporting on the implementation of the P4K program in 2022.*
IF 7	*Recording and reporting is given in written form and every 25th date the report is given to the PJ program.*
IF 8	*The recording and reporting process is carried out in stages. Reports are given to the Health Office in softcopy and hardcopy.*
IF 9	*Recording and reporting are collected at the end of each month and in softcopy.*
IF 10	*Reporting is done by entering the system, every 20th the report recap book is closed and every 25th the report has been inputted.*
IF 11	*Recording is carried out until the 20th and every 25th the regional midwife reports her report to the Community Health Center .*

Tabel 17. Triangulation of Reporting Records in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	Recording and reporting is carried out every month and reports are provided in stages.
Document Review	Recording and reporting is good enough but not all P4K activities have recording and reporting.
Conclusion	Reports are made every month in stages from the cadre to the Regional Supervisor Midwife who will then proceed to the TJ Program and the report will be accounted to the Head of Community Health Center.

It can be concluded that recording and reporting for the P4K program is done every month and is quite good. Reports are made every month in stages from the cadre to the Regional Supervisor Midwife who will then proceed to the TJ Program and the report will be

accounted for to the Head of Community Health Center . The Head of Community Health Center reports to the Health Office and then proceeds to the Central Report.

4. Monitoring and Evaluation in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Tabel 18. Monitoring and Evaluation in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Research Informant	Statement
IF 1	*Monitoring and evaluation can be carried out at least once every 3 months, one of which can be done when the Health Office makes a direct visit to the Puseksmas.*
IF 2	*Monitoring evaluation once every 3 months either through meetings or through visits to health centers. The parties involved here start from the Health Office, Head of Service, Head of Division, Head of Section of all social health staff and the Community Health Center.*
IF 3	*Monev is routinely carried out and scheduled*
IF 4	*Monitoring and evaluation is carried out routinely and incidentally.*
IF 5	*Monev for Community Health Center is carried out every month and with the Health Office at the beginning of each year.*
IF 6	*Monitoring and evaluation has not been running optimally, the evaluation of P4K during this pandemic is only seen from the visits of pregnant women who come to the health center.*
IF 7	*Evaluation monitoring is carried out once every 3 months. Monev is carried out to assess the achievements of P4K implementation in the 3 months.*
IF 8	*Monitoring and evaluation of the official schedule is carried out once a semester.*
IF 9	*M&E is conducted together with the Health Office and Community Health Center during the Mini Workshop.*

Tabel 19. Triangulation of Monitoring and Evaluation in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In-depth Interview	There is no specific monitoring and evaluation of P4K. Monev is conducted on a scheduled basis from the office once every 3 months or once a semester and for the Community Health Center itself every month. Monev can be done during lokmin (Mini Workshop).
Document Review	Monitoring and evaluation is in the form of monthly recording and reporting that is recapitulated every month by the Community Health Center.
Conclusion	Monitoring and evaluation of the P4K program specifically does not exist. Monitoring and evaluation of the P4K program is routinely carried out only through the evaluation of monthly reporting at Community Health Center level meetings and mini workshops that are conducted every 3 months.

Based on the results of triangulation, in-depth interviews and document review, monitoring and evaluation to discuss P4K specifically does not exist and is carried out together with other program discussions. Monitoring and evaluation of the P4K program is routinely carried out only through monthly reporting evaluations and mini-workshop activities.

DISCUSSION

Input Components in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

1. Policy in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

The study results show that informants know and understand the existence of the P4K implementation policy. The Health Office and Community Health Center carry out P4K activities based on Circular No. 295 of 2008 and Circular No.44 of 2008 concerning Accelerating the Implementation of the Childbirth Planning and Complication Prevention Program (P4K).

A set of decisions made by the government related to health is a health policy that aims to improve the optimal degree of public health. Health policy is implementing an established public policy to improve public health. Improving a country's population's health status and welfare is a national health policy (Ayuningtyas, 2014). The policy outlines the direction, direction, purpose, policy, basis and foundation regarding efforts to administer all health efforts in Indonesia (Budiyanti et al., 2020).

2. Human Resources in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Kota Padang

Based on research conducted by researchers on human resources, it was found that the number of midwives owned by each health centre was sufficient. The number of midwives at Community Health Center Lubuk Kilangan is 16, Community Health Center Lubuk Buaya is 28, and Community Health Center Pegambiran is 19.

Research conducted by Frangky et al., (2020) obtained research results after a significant partial test that the quality of human resources has a positive and significant effect on service. Health Human Resources are the spearhead of health services in the field, both preventive, promotive, curative, and rehabilitative (Putri, 2017). According to Pamundhi et al., (2018), working period has a positive relationship with one's work productivity. Working period is related to work experience which is a good capital to improve employee performance.

3. Funds in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Kota Padang

Based on the research conducted by researchers on funding, it was found that there was no special funding for P4K. The source of funds comes from Regional Public Service Agency funds and Special Allocation Fund, which in physical form are Health Operational

Assistance funds which include all activities in each Community Health Center and are sufficient to fulfil activities and are well realized in each Community Health Center .

This study is also conducted by Prajayanti et al., (2019), which state that to facilitate the implementation of program, funds are obtained from Health Operational Assistance assistance funds; no special funds support this program activity. When human resources are competent but there is no funding, it can be a cause of unsuccessful policy implementation.

4. Infrastructure Facilities in Implementing the Delivery Planning and Complication Prevention (P4K) Program in Padang City

Many infrastructure facilities in various Community Health Center areas in Indonesia still need to meet the aspects of equity or affordability, especially in Community Health Center areas located on the outskirts of the Regency (Amirul Mustofa et al., 2020). According to Dwijayanti, (2018), the lack of facilities is also a determining factor for midwives in working optimally. Also, procuring proper facilities, such as buildings, land and office equipment, will support the successful implementation of a program or policy (Nugroho, 2018).

Based on the research results, it was found that the facilities and infrastructure that support the implementation of P4K are sufficient and functioning properly, such as MCH books, P4K stickers and examination tools for pregnancy. This is also in line with research conducted by Herlina et al., (2021) on facilities and infrastructure related to the implementation of P4K at the Imogiri 1 Bantul Health Center, Yogyakarta, mothers have been running well and have not found any significant obstacles or problems.

Process Components in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

1. Planning in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Based on the results of the study, it shows that each Community Health Center and Health Office agency makes program work planning at the beginning of each year by forming Planning of Action, it is concluded that program work planning has been carried out as well as possible both from the Padang City Health Office and Community Health Center . The results of research conducted by Suhartina et al., (2022) concluded that health planning is a process of formulating problems that develop in the community, determining needs and available resources.

This is also in line with research conducted by Al Hikami et al., (2022) entitled Management Implementation at Pacet Health Center Based on PMK No. 44 of 2016 concerning Community Health Center Management Guidelines that the program planning process is preceded by the preparation of a Plan of Action by the Administration which is based on provisions from the district health office, cross-sector proposals, according to community needs.

2. Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

The results of the study showed that the operational implementation of program consists of orientation conducted by the Health Office to the Community Health Center and will continue to be socialized to health workers, cadres and also cross-sectors, contact with pregnant women and data collection of pregnant women, filling in P4K stickers, sticking program stickers, managing blood donors, transportation facilities/village ambulances, managing tubulin gasoline, and signing the mandate of childbirth.

The results of other research by Mukharrim et al., (2021) were obtained from observations and in-depth interviews with informants; there are still indicators of the P4K program that have yet to run optimally. This is evidenced by the absence of several important indicators that must be achieved in program, such as crucial matters, namely tabulin, prospective blood donors for pregnant women and home visits.

3. Recording and Reporting in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

Based on the study results, recording and reporting for the program is carried out every month. The data recorded and reported is carried out in stages, obtained by the Program Holder from the village midwife who is received every 25th, then the report is given every fourth maximum to the city Health Office, then to the Provincial Office and will continue to the centre every 10th of each month.

According to research by Suciono et al., (2019) entitled Analysis of the Implementation of the Integrated Health Center Recording and Reporting System (SP2TP) in Padang City in 2019 shows that the implementation of SP2TP in Padang City in 2018 has yet to This is due to several problems such as inadequate human resources, lack of infrastructure, and the organization of a non-existent reporting system.

4. Monitoring and Evaluation in the Implementation of the Childbirth Planning and Complication Prevention (P4K) Program in Padang City

In a coordination program, monitoring, evaluation and reporting activities are important to be carried out as material for evaluating whether the program is running well by the specified target (Sianturi et al., 2021). Based on the research results conducted by the researcher, monitoring and evaluation discussing program specifically does not exist and is carried out together with other program discussions. Monitoring and evaluation of the program is routinely carried out only through monthly reporting evaluations and mini-workshop activities,

Based on Fathonah, (2022) it is concluded that to measure the success of a program that is run, monitoring and evaluation of an important alternative for health services to measure this success which is not only to pay attention to the input component and output component but also to pay attention to the implementation process. To improve the degree of public health around, monitoring and evaluation is also an improvement so that the health program implemented can be better.

CONCLUSIONS

The Health Office and Community Health Center implement program activities based on Circular No. 295 of 2008 and Circular No. 44 of 2008 on Accelerating the Implementation of the Childbirth Planning and Complication Prevention Program (P4K). Health workers carry out P4K activities continuing from previous activities. Health workers are sufficient, and there are no problems. Health workers receive training to improve their competence, but specific training for P4K needs to be. There is no specific funding source for the implementation of P4K activities. The allocation of funds for Community Health Center activities comes from BLUD funds and DAK funds, which in physical form are BOK funds included for all activities in each Community Health Center. Facilities and infrastructure that support the implementation of P4K are sufficient and functioning properly, such as MCH books, program stickers and examination tools for pregnancy.

SOPs are available at each Community Health Center, and are used as guidelines in implementing P4K activities, while the P4K guidebook is yet to be available at each Community Health Center. Each PHC agency and the Health Office make program work plans at the beginning of each year by forming RUK and RPK. The operational implementation of P4K consists of orientation conducted by the Health Office to the Community Health Center and will continue to be socialized to health workers, cadres and cross sectors. Recording and reporting are done monthly and in stages. Monitoring and evaluation have been done at each Community Health Center by evaluating monthly reports and mini-workshops. Implementation of P4K activities has been carried out, although, in its

implementation, there are still shortcomings because not all activities are carried out optimally. Research suggestions are expected to increase family participation in implementing P4K, such as counselling and socialization, and increase discipline in following the recommendations of health workers assisted by Community Health Center cadres.

REFERENSI

Al Hikami, M. U. A., Marianah, M., & Haksama, S. (2022). Analisis Penerapan Manajemen di Puskesmas Pacet Berdasarkan PMK No. 44 Tahun 2016 Tentang Pedoman Manajemen Puskesmas. *Jurnal Manajemen Kesehatan Indonesia*, *10*(1), 7–19. https://doi.org/10.14710/jmki.10.1.2022.7-19

Amirul Mustofa, Roekminiati, S., & Lestari, D. S. (2020). Administrasi Pelayanan Kesehatan Masyarakat. In *Jakad Media Publishing* (Vol. 136, Issue 1). http://repository.unitomo.ac.id/2486/1/Gabungan Administrasi Pelayanan Kesehatan Masyarakat_Revisi.pdf

Ayuningtyas, D. (2014). *Kebijakan kesehatan : prinsip dan praktik*. Rajawali Pers. https://opac.perpusnas.go.id/DetailOpac.aspx?id=874723

Budiyanti, R. T., Sriatmi, A., & Jati, S. P. (2020). Buku Ajar Kebijakan Kesehatan. In *Depok: Departemen AKK FKM UI*. https://doc-pak.undip.ac.id/10968/1/Buku_Ajar_Kebijakan_Kesehatan_Implementasi_Kebijakan_Kesehatan.pdf

Dinkes Kota Padang. (2021). Profil Kesehatan Kota Padang 2021. In *Dinas Kesehatan Kota Padang*.

Dwijayanti, P. (2018). Program Perencanaan Persalinan Dan Pencegahan Komplikasi (P4K) di Puskesmas. *Faktor Risiko Kejadian Penyakit Demam Tifoid Pada Penderita Yang Dirawat Di Rumah Sakit Umum Daerah Ungaran*, *2*(1), 1–10. http://ejournals1.undip.ac.id/index.php/jkm

Fathonah, Z. (2022). *Analisis Monitoring dan Evaluasi Program Kesehatan di Puskesmas*. 1–9.

Frangky, S., Silitonga, M., & Saragi, S. (2020). Pengaruh Kualitas SDM Terhadap Pelayanan Kesehatan Di Puskesmas Siempat Rube Kabupaten Pakpak Bharat. *Jurnal Publik Reform UNDHAR MEDAN*, *7*, 28–28.

Herlina, S. M., Zulviana, Y., & Ulya, Y. (2021). Peran Bidan Terhadap Pelaksanaan Program Perencanaan Persalinan Dan Pencegahan Komplikasi (P4K) Dalam Menurunkan Angka Kematian Ibu. *J-KESMAS: Jurnal Kesehatan Masyarakat*, *7*(2), 110. https://doi.org/10.35329/jkesmas.v7i2.2373

Indriani, I. (2019). *Pentingnya P4K untuk Ibu Hamil*. Columbia Asia. https://www.columbiaasia.com/indonesia/health-articles/ini-pentingnya-p4k-untuk-ibu-hamil?locale=en

Kemenkes RI. (2022). Profil Kesehatan Indonesia 2021. In *Pusdatin.Kemenkes.Go.Id*.

Kementerian Kesehatan Republik Indonesia. (2018). Profil Kesehatan Indonesia 2018. In *Profil Kesehatan Provinsi Bali*. http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-2016.pdf

Maya Herlina, S., Ulya, Y., Pricillia Yunika, R., & Sufiyana, S. (2023). Peran Kader

Terhadap Pelaksanaan Program Perencanaan Persalinan Dan Pencegahan Komplikasi (P4K) Dalam Menurunkan Angka Kematian Ibu. *Journal of Fundus*, *2*(2), 42–51. https://doi.org/10.57267/fundus.v2i2.247

Muh. Said Mukharrim, & Urwatil Wusqa Abidin. (2021). P4K Sebagai Program Penanggulangan Angka Kematian Ibu. *Jurnal Ilmiah Manusia Dan Kesehatan*, *4*(3), 433–444. https://doi.org/10.31850/makes.v4i3.1159

Nita, S. I., & Fitri, I. (2021). Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) di Puskesmas. *Indonesian Journal of Public Health and Nutrition*, *1*(1), 101–113. http://journal.unnes.ac.id/sju/index.php/IJPHN

Nugroho, R. (2018). *Public Policy* (6th ed.). PT. Elek Media Komputindo. https://elexmedia.id/produk/detail/elexmedia2018-PUBLIC POLICY 6 _ Edisi Revisi/9786020400075

Nur Hidayati. (2018). Analisis Implementasi Program PerencanaanPersalinan Dan Pencegahan Komplikasi (P4K)Dalam Menyiapkan Calon Pendonor Darah SiapPakai Oleh Bidan Desa Di Kabupaten Pekalongan. *Indonesian Journal for Health Sciences*, *Vol.2*, *No.*(2), 115–128.

Pamundhi, T. E., Sriatmi, A., & Jati, S. P. (2018). Faktor-Faktor yang Berhubungan dengan Kinerja Bidan dalam Pelayanan Nifas di Kota Salatiga. *Jurnal Kesehatan Masyarakat*, *6*(1), 2356–3346. http://ejournal3.undip.ac.id/index.php/jkm

Prajayanti, H., Maslikhah, M., & Baroroh, I. (2019). Implementasi Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) di Puskesmas Poned Kabupaten Pekalongan. *Jurnal Kebidanan Harapan Ibu Pekalongan*, *6*, 244–256. https://doi.org/10.37402/jurbidhip.vol6.iss2.62

Putri, A. (2017). Kesiapan Sumber Daya Manusia Kesehatan dalam Menghadapi Masyarakat Ekonomi Asean (MEA). *Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit 10.18196/Jmmr.2016*, *6*(1), 55–60. https://doi.org/10.18196/jmmr.6127

Safitri, Y. R., & Pujiyanto, P. (2021). Analysis of Implementation of Maternity Planning and Prevention of Complication (P4K) Program with Stickers in Purwakarta Regency 2017. *Journal of Indonesian Health Policy and Administration*, *6*(1), 134–140. https://doi.org/10.7454/ihpa.v6i1.2946

Sianturi, T. R., Dachi, R. A., Sitorus, M. E. J., & ... (2021). Analisis Implementasi Program Jaminan Persalinan (Jampersal) Di Uptd Puskesmas Karo Kota Pematangsiantar Tahun 2021. *Journal of …*, *7*(2). http://jurnal.uui.ac.id/index.php/JHTM/article/view/1592

Suciono, L., Firdawati, F., & Edison, E. (2019). Analisis Pelaksanaan Sistem Pencatatan dan Pelaporan Terpadu Puskesmas (SP2TP) di Kota Padang Tahun 2018. *Jurnal Kesehatan Andalas*, *8*(3), 700. https://doi.org/10.25077/jka.v8i3.1059

Suhartina, Khumaira, P. V., Azis, M. A., & Elmika, E. (2022). Perencanaan Program Kesehatan. *Jurnal Kesehatan USIMAR*, *1*(1), 23–31.

WHO. (2019). World health statistics 2019: Monitoring health for the SDGs, sustainable development goals. In *Jurnal Kajian Pendidikan Ekonomi dan Ilmu Ekonomi* (Vol. 2, Issue 1). http://www.scopus.com/inward/record.url?eid=2-s2.0-84865607390&partnerID=tZOtx3y1%0Ahttp://books.google.com/books?hl=en&lr=&id=2LIMMD9FVXkC&oi=fnd&pg=PR5&dq=Principles+of+Digital+Image+Processing+fundamental+techniques&ots=HjrHeuS_